

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 238813US6DIV	
	First Inventor or Application Identifier	Francine GOULET
	Title CONNECTIVE TISSUE SUBSTITUTES, METHOD OF PREPARATION AND USES THEREOF	

031088 U.S. PTO  
10/678167


<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> Specification Total Sheets <input type="text" value="31"/>  3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text" value="17"/>  4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <input type="text" value="7"/> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	<b>ACCOMPANYING APPLICATION PARTS</b>  7. <input checked="" type="checkbox"/> Assignment Papers (filed in serial No. 09/990,320 filed 11/23/01 at Reel/Frame: 013818/0905) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) Information Disclosure Statement (IDS)/PTO-1449 11. <input checked="" type="checkbox"/> (references cited/filed in serial No. 09/990,320 filed 11/23/01) 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Priority Request  Letter Submitting Replacement Drawings  9-Sheets of Replacement Drawings  Submission of Supplemental Declaration

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 09/990,320

Prior application information: Examiner: Kamrin R. Landrem Group Art Unit: 3738

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

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Signature: <i>James R. Boler</i>	Date: OCT 6 2003
Name: James R. Boler	Registration No.: 37,058

Docket No. 238813US6DIV

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Francine GOULET, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: CONNECTIVE TISSUE SUBSTITUTES, METHOD OF PREPARATION AND USES THEREOF

**FEE TRANSMITTAL**

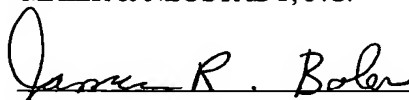
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FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	23 - 20 =	3	x \$18 =	\$54.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$290.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$1,114.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
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- ☐ Please charge Deposit Account No. 15-0030 in the amount of **\$0.00**. A duplicate copy of this sheet is enclosed.
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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

  
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